

THE LIKELIHOOD OF HEALTHY EATING AMONG ADOLESCENTS: THE ADAPTATION OF THE HEALTH BELIEF MODEL (HBM)

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The prevalence of obesity is very common in Hungary, not only among adults but in adolescence as well. Therefore, strengthening adolescents' attitudes towards healthy eating is a key factor in maintaining their health. The Health Belief Model is a widely used concept to examine health behavior. In this research our aims were to adapt and examine a questionnaire about healthy eating behavior in a sample of adolescents using this model. We hypothesized that the different constructs of the model are related to the likelihood of healthy eating.

Participants were adolescents (N=440; 37% boys; mean age: 16.01 years, SD= 1.19 years) from different high schools in Hungary. With an online 38-item self-administered questionnaire we explored the participants' dietary status, and the constructs of the Health Belief Model, such as perceived severity, perceived susceptibility, cues to action, benefits, barriers and self-efficacy. In addition, we measured the characteristics of food features (e.g., price or taste), the respondents' opinion about the importance of healthy eating and their likelihood of eating healthily. Every construct contained several sub-items. With principal component analysis we determined the main constructs. Then, we explored the relationships between the variables with Pearson's correlations.

Our results showed that all constructs resulted in a one-factor solution. We found significant positive relationships between the likelihood of healthy eating and healthy dietary status ($r=.58$, $p<.01$), the opinion about the importance of healthy eating ($r=.59$, $p<.01$), cues to action ($r=.32$, $p<.01$), benefits ($r=.56$, $p<.01$) and self-efficacy ($r=.65$, $p<.01$). Moreover, barriers were significantly and negatively related to the likelihood of healthy eating ($r=-.50$, $p<.01$).

We can conclude that this model seems a good measurement to explore adolescents' healthy eating behavior. Our results showed that adolescents' likelihood of healthy eating was facilitated by (1) their actual eating behavior, (2) the importance of healthy eating, (3) their being informed about healthy eating (e.g., from the media, professionals or peers), (4) the benefits of eating healthily and (5) self-efficacy. In contrast, the likelihood of healthy eating was impeded by barriers such as their belief of taking too much time to eat more healthily. To sum it up, we think that these findings are useful when developing school prevention programs.